



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT**

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

ALCO SENSOR IV SN <i>097413</i>	RBT IV SN <i>09603580.867</i>	DATE OF INSPECTION <i>1-15-2013</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>52 Young Dr Calverton Park MO 63135</i>		TIME OF INSPECTION <i>1107</i>

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instruments.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within  $\pm 5\%$  of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> <i>0.103</i>	TEST 2 <input checked="" type="checkbox"/> <i>0.103</i>	TEST 3 <input checked="" type="checkbox"/> <i>0.102</i>
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☒ SIMULATOR TEMPERATURE (34°  $\pm$  .2°C) *34c*

☒ RFI DETECTOR OPERATING

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS:  
(DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	<i>1</i>	(0-.04)	<i>0</i>	(.05-.09)	<i>0</i>	(.10-.14)	<i>0</i>	(.15-.19)	<i>0</i>	(Over .19)	<i>0</i>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

*Guth Lab 0100 Lot Num 12170 Exp 9-5-2014*

**INSPECTING OFFICER**

SIGNATURE <i>L Moore</i>	PRINT NAME <i>Lowell Moore</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>220110 5-9-14</i>	TELEPHONE NUMBER <i>314-524-1212</i>



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **12170** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 11, 2012**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 5, 2014** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

1

AS IV Serial no: 097413  
Version no: 004C

TEST RECORD 00352

Temp	Date	Time	s/
Air Blank:	01/15/13	11:07	.000
Calibration Check:	20	01/15/13	11:07 .103

Subject Name

Subject I.D.

Moore 22c11c  
Operator Name: I.D.

Location

2

AS IV Serial no: 097413  
Version no: 004C

TEST RECORD 00353

Temp	Date	Time	s/
Air Blank:	01/15/13	11:09	.000
Calibration Check:	21	01/15/13	11:09 .103

Subject Name

Subject I.D.

Moore 22c11c  
Operator Name: I.D.

Location

3

AS IV Serial no: 097413  
Version no: 004C

TEST RECORD 00354

Temp	Date	Time	s/
Air Blank:	01/15/13	11:10	.000
Calibration Check:	21	01/15/13	11:10 .102

Subject Name

Subject I.D.

Moore 22c11c  
Operator Name: I.D.

Location

251

AS IV Serial no: 097413  
Version no: 004C

TEST RECORD 00305  
s/

Temp	Date	Time
		210L

Void: RF1  
12 01/15/13 11:11

Subject Name

Subject I.D.

L. MORA 220110  
Operator Name, I.D.

Location

State of Missouri  
DEPARTMENT OF HEALTHP E R M I T  
TYPE II

LOWELL MOORE

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/09/2012Number 220110Expires 05/09/2014

MO 569-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (A7-88)